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112403

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>		Attorney Docket No. <b>42P16669</b>
		First Inventor <b>Alan M. Myers, et al.</b>
		Title <b>Self-Aligned Electrodes Contained Within the Trenches of an Electroosmotic Pump</b>
		Express Mail Label No. <b>EV 409362881 US</b>
(Only for new nonprovisional applications under 37 CFR 1.53(b))		

<b>APPLICATION ELEMENTS</b>		See MPEP chapter 600 concerning utility patent application contents	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification <i>[Total Pages 22 ]</i> (preferred arrangement set forth below) - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R &amp; D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <i>[Total Sheets 11 ]</i></p> <p>5. Oath or Declaration (signed) <i>[Total Pages 5 ]</i> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies</p> <p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> Application Amended to Reflect Claim of Priority</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: _____</p>			

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

Continuation  Divisional  Continuation-in-part (CIP) of prior application No: \_\_\_\_\_

Prior application Information: Examiner \_\_\_\_\_ Group/Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**18. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> CustomerNumber	<b>08791</b>		<input type="checkbox"/> Correspondence address below		
Name	Blakely, Sokoloff, Taylor & Zafman LLP				
Address	1279 Oakmead Parkway				
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Name (Print/Type)	Heather M. Molleur		Registration No. (Attorney/Agent)	50,432
Signature	<i>Heather M. Molleur</i>		Date <b>11/24/2003</b>	

# **FEE TRANSMITTAL for FY 2003**

*Effective 01/01/2003. Patent fees are subject to annual revision.*

Applicant claims small entity status. See 37 CFR 1.27.

**TOTAL AMOUNT OF PAYMENT** (\$ 1,162.00)

**Complete if Known**

**Application Number**

**Filing Date**

Alan M. Myers

**Examiner Name**

### Group/Art Unit

42P16669

**METHOD OF PAYMENT** (check all that apply)

## **FEE CALCULATION (continued)**

<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None
<input type="checkbox"/> Deposit Account				

Deposit  
Account  
Number **02-2666**

Deposit  
Account  
Name Blakely, Sokoloff, Taylor & Zafman LLP

**The Commissioner is authorized to: (check all that apply)**

Charge fee(s) indicated below       Credit any overpayments

Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

Charge fee(s) indicated below, except for the filing fee  
to the above-identified deposit account

## **FEE CALCULATION**

**1. BASIC FILING FEE**

Large Entity		Small Entity			Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
<b>SUBTOTAL (1)</b>					<b>(\$)</b> 770.00

## 2. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	30	- 20* = 10	X 18.00	= \$180.00
Independent Claims	5	- 3* = 2	X 86.00	= \$172.00
Multiple Dependent				=

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple Dependent claim, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2)</b>				<b>(\$)</b> <b>352.00</b>

*\*\*or number previously paid, if greater. For Reissues, see below.*

**SUBMITTED BY**

Complete (if applicable)

Name (Print/Type)	Heather M. Molleur	Registration No. (Attorney/Agent)	50,432	Telephone	(408) 720-8300
Signature	<i>Heather M. Molleur</i>			Date	11/24/2003

Based on PTO/SB/17 (08-03) as modified by Blakely, Solokoff, Taylor & Zafman (wir) 08/11/2003.  
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